

Fifth Congressional District and throughout this proud Nation. Each one demonstrated personal bravery or self-sacrifice that warranted this extraordinary merit. On behalf of a grateful Nation, I salute all of our Medal of Honor recipients.

IMPROVE THE AFFORDABLE HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. HOYER) for 5 minutes.

Mr. HOYER. Mr. Speaker, last week was an historic week in many respects.

My Republican colleagues have indicated, for 6 years, they wanted to repeal the Affordable Care Act. They introduced a bill which really did not accomplish that objective, but it did undermine, very severely, the protections and the opportunities that the Affordable Care Act provided our citizens. That bill did not come to a vote. Had it come to a vote, it would have lost very substantially.

Mr. Speaker, the proclamations last week by Republican leaders are that the Affordable Care Act will now remain in place. As PAUL RYAN, our Speaker, said on Friday: "ObamaCare is the law of the land."

□ 1015

The Affordable Care Act is, indeed, the law of the land. Mr. Speaker, I rise, however, in a deep concern that the Trump administration and its allies in Congress will take steps to undermine the law and weaken it, to the detriment of millions who will see their health care put at risk. In other words, in my view, they may well try to do indirectly what they could not do directly.

Let it be absolutely clear: Republicans control the White House, the Senate, and the House of Representatives. As a result, they are the governing party and will be responsible for anything that happens to our healthcare system on their watch.

Even without the passage of a repeal bill, the Trump administration's actions could fundamentally undermine the law and the stability of our healthcare system.

First and foremost, the Trump administration must commit to continuing payments for cost-sharing subsidies. We met with insurance companies yesterday to see whether or not the environment that was being created by the administration was undermining confidence so that it would undermine the ability to price the product that Americans need: healthcare insurance.

Cost-sharing payments, paid for and in the bill, are being put at risk by a suit that the Republicans in the House of Representatives have filed. They ought to withdraw that suit to give confidence to the system. We all know that confidence in markets is critically important. This is essential to preserving the affordability and accessi-

bility of health care for millions of Americans and to ensuring stability in health insurance markets.

The uncertainty around cost-sharing subsidies that has been perpetrated by the administration's silence on this issue, must come to an end. The administration has said the system will implode. It will only implode if they are forced to do so by the administration through executive action. Insurers are preparing to file rates as soon as next month in some States. Without a clear and public commitment from the administration, we could very well see premiums spike and insurers flee.

Americans have made their opinion pretty clear. They said: Do not do that. Do not undermine the system.

Second, already, President Trump has undermined that requirement through lax enforcement that the individual responsibility requirement—a Republican suggestion, a Heritage Foundation suggestion, a Romney-adopted policy in the State of Massachusetts—a premise of personal responsibility that is being undermined right now by the Trump administration. The individual responsibility requirement is vital to ensuring that those with preexisting conditions can be guaranteed coverage.

To my friends across the aisle who talk often about defending our Constitution, I would remind them that the President has sworn an oath to faithfully execute the laws of this Nation; not picking and choosing which ones he likes.

Third, the administration can—and I would suggest it should—encourage States that have not yet accepted expanded Medicaid to do so. It works. According to a 2016 report by the Department of Health and Human Services, in the expanded-Medicaid States, premiums were 7 percent lower on average.

Mr. Speaker, just yesterday, the Republican-controlled Kansas State legislature—Republican Governor, Republican House, Republican Senate—sent a bill to the Governor that would expand the State's Medicaid program. Presumably, they made a judgment that was in the best interest of their State and the best interest of their people.

The Republican sponsor of the bill, State Senator Vicki Schmidt said: "I don't believe we can wait for D.C. They had an opportunity, and they didn't take it."

So her response was, and the legislature's response has been: adopt Medicaid expansion.

We have heard a lot from Governors of both parties from States with expanded Medicaid, almost universally extolling the benefits that they provided, and urging Congress not to roll it back.

The Trump administration must recognize the importance of Medicaid expansion and support ongoing efforts in States like Kansas, Virginia, and Maine to do what is right for their people and their State.

Fourth, the Department of Health and Human Services, under Secretary Price, has a responsibility, a duty, an obligation to focus at least as much on outreach and enrollment, as did his predecessor, Secretary Burwell, to let people know what options they have, what opportunities they have, what protections they have, what securities they can achieve.

Earlier this year, the Trump administration, instead, intentionally sabotaged enrollment efforts in the final week, pulling media ads to let people know what they could sign up for, and ending other outreach programs.

This move resulted in half a million fewer people obtaining affordable coverage through the marketplaces—the first decline in the history of the law. Those people will be hurt because some of them are going to get sick. Some of them may have a catastrophic accident, and they will need insurance, and they will not have it because they did not get the information that they needed.

Now that the Affordable Care Act will continue to be the "law of the land," to use words first spoken by former Speaker Boehner in 2012, the issue in 2012 was the Affordable Care Act—President Obama's probably crowning achievement. Republicans called it ObamaCare, derisively. We call it the Affordable Care Act, supported by President Obama.

After the 2012 election, Speaker Boehner said, well, we resolved that issue. The American people have voted to confirm a President whose principal law that was. But the Republicans kept trying to undermine it. They kept trying to say they wanted to repeal it. And now they have all of the power. They haven't done that.

Don't break it. If you couldn't do directly something, don't do it indirectly. Don't undermine the security of the American people indirectly; not through law.

So when open enrollment comes later this year, Mr. Speaker, it would be a dereliction of duty—let me repeat that: it would be a dereliction of duty—not to inform Americans to know how they can benefit under the law, what options they have for finding coverage at more affordable rates or through expanded Medicaid. Let there not be a dereliction of duty.

The larger point here, Mr. Speaker, is, as I have said, that Republicans cannot now simply throw up their hands and say: We failed to offer a viable alternative, and we will now, by action and inaction, by negligence and malfeasance, conspire to undermine the options that are available to the American people.

More than two-thirds of Americans have said that is not a responsible policy. The Affordable Care Act has brought protections and benefits to millions. Twenty million more people are insured in America. But now my Republican friends, who have no workable alternative, are in power; and it is

now their duty to ensure that they faithfully execute existing laws to benefit the American people. If they fail to do so, or intentionally sabotage the current healthcare system, they will surely be held accountable by the American people.

Democrats don't want to see that happen. We reject the premise of some kind of death spiral. By the way, the Congressional Budget Office—an independent bipartisan group, but its director appointed by Republicans—said it was not only not on a death spiral, but it was stable.

The yardstick by which we all ought to be judged is not whether the law succeeds just enough, but whether we can work together—work together, work together—to make the law work as best it can, to benefit as many Americans as it can.

President Trump, speaking at that rostrum, looked directly into the TV camera of 100 million-plus Americans and said: I want every American to have health insurance that will be cheaper and higher quality than we have today.

Mr. President, if you send such a bill to this House, I will vote for it. I haven't seen a bill like that, but if I see it, and if you send it down here, and that is your commitment, I will vote for it.

Mr. Speaker, I hope my friends across the aisle will take a lesson from last week that, to paraphrase the President, health insurance is indeed complicated, and that it will truly take both parties working together towards consensus to meet the healthcare challenges we face.

Our constituents and our country is counting on us not to fight, not to throw bricks at one another, but to act in their best interest. And what I urge the Trump administration to do, Mr. Speaker: Do no harm until you have a bill that accomplishes what you said to the American people you want to accomplish. Mr. President, do no harm. Ensure that the American people continue to have access to affordable, quality health care.

HONORING SERVICE OF DR. THOM MASON

The SPEAKER pro tempore (Mr. JENKINS of West Virginia). The Chair recognizes the gentleman from Tennessee (Mr. FLEISCHMANN) for 5 minutes.

Mr. FLEISCHMANN. Mr. Speaker, I rise today to honor the service of Dr. Thom Mason, who has served as the director of the Oak Ridge National Laboratory for 10 years. Thom joined ORNL in 1998 as a condensed matter physicist, and quickly demonstrated his talents as a visionary scientific leader.

He led the completion of the one-of-a-kind Spallation Neutron Source, which has provided a decade of exceptional research. When promoted to lab director, Thom led ORNL to many other successes: the development of

two supercomputers which at different times ranked as the most powerful in the world; and ORNL's Manufacturing Demonstration Facility, which is revitalizing American manufacturing.

Thom served our community as chairman of the Oak Ridge Public Schools Education Foundation, leading the multimillion-dollar expansion of Oak Ridge High School; and as chairman of Innovation Valley, a regional economic development partnership.

Thank you, Dr. Thom Mason, for many years of dedicated service to the great State of Tennessee and our Nation.

□ 1030

HEALTH CARE, NOT WEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. AL GREEN) for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, I will say today what I said when we were working to pass the Affordable Care Act, what we said when we were having some 181 witnesses to appear over a 2-year period having 79 hearings: I said then that I would fight to make sure that health care would not become wealth care in the richest country in the world. I still stand on that basic premise.

We cannot allow health care to become wealth care in the richest country in the world. Wealth care is where the wealthy will receive the very best care that is available; and the poor will get care, but it won't be health care. It will be sickness care. It will be sickness care because, when they are sick, they will be able to go to an emergency room and get care. When they are sick, they will be able to get emergency care, which will cost all of us more, but they won't get preventive care. They will get stabilized if they have diabetes, but they won't get the continued care that they need to treat that disease. We don't want, in the richest country in the world, health care to become wealth care.

Recently, we had a piece of legislation that was going to accord the 400 richest families in this country \$7 million a year. That was what the bill would have done that failed. The 400 richest families making \$3 million a year would get \$7 million additional every year in the final analysis ad infinitum. That is \$7 million additionally.

We are the richest country in the world. We can afford to take care of those who find themselves living in the streets of life who cannot take care of themselves. We cannot allow health care to become wealth care in the richest country in the world. How rich are we? Well, one year a man made \$3 billion. By the way, he is not the only person to make this kind of money. I just use this kind of example.

A minimum wage worker making \$7.25 an hour, it will take that worker 198,000 years to make \$3 billion. That man making \$3 billion will get the best

wealth care this country can afford. But we have got to make sure that those who are working at minimum wage, working full-time, living below the poverty line, make sure that they get the best health care.

I am a proud Texan. I love my State, but I don't like what we have done when it comes to health care. Texas has refused to help those living in the streets of life. We look out for those living in the sweets of life. We take care of them. But Texas has the opportunity to receive \$100 billion—with a B—to expand Medicaid.

Medicaid expansion, this is for those persons who are not as fortunate as we are here in Congress who will have the best health care in the world, by the way, as we cut health care for those who cannot afford it, as we cut the expansion of the Affordable Care Act for those persons who would get Medicaid, as we cut Medicaid. We are going to have good health care.

Texans who happen to be oil barons and rich, are going to have good health care. We are going to have good health care. But those who need Medicaid, who could benefit from the \$100 billion that the State of Texas has refused to accept and has never said that it wasn't needed, are not. There has never been a case made for a lack of need for the \$100 billion to help Medicaid expansion for people who are in need of help and need of health care.

Mr. Speaker, we cannot allow this in the richest country in the world—and we are. Don't let people try to convince you that we are broke. We are not broke. We can afford to take care of people who need health care.

I will close with this: we ought to have a sense of responsibility for every person in this country who may get sick. There is this notion of, but for the grace of God, there go I. If we had been fortunate enough to have good health, remember, you may not always. But for the grace of God, there go I.

ANTI-SEMITISM AT THE UNITED NATIONS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, last Congress, I joined several of our colleagues in forming the Bipartisan Task Force for Combating Anti-Semitism.

As a co-chair, a distinction that I am proud to share alongside my pals, ELIOT ENGEL, CHRIS SMITH, TED DEUTCH, KAY GRANGER, NITA LOWEY, PETER ROSKAM, and MARC VEASEY, it is important to call attention to anti-Semitism in all of its forms and to work to root it out whenever we can. I am also extremely honored to have been named by Speaker RYAN to the U.S. Holocaust Memorial Council earlier this year.

As we know, it was the anti-Semitic attitudes across Europe, in the 1920s